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ABSTRACT

This paper addresses some of the problems and concerns of the nation's Black aged with special emphasis toward the year 2000. Dramatization of the plight of the Black aged may proceed in a number of directions. This paper focuses on strategies that may be developed within academic institutions, local communities, professional and other organizations, and at whatever levels feasible at generating support. Special emphasis is placed upon education, employment, health, and housing inasmuch as these usually rank high among problem areas specified by blacks themselves. Although there are many euphemisms for growing old (i.e., senior citizens, the elderly, the aged, the aging, older Americans, and old folks), this paper uses "the aged" and "the elderly." (Author)

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AN ANALYSIS OF PROBLEMS AND PERSPECTIVE OF THE
BLACK AGED: PREPARATION FOR THE YEAR 2000

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In the United States, as in most countries, the number of retired and/or aged people is growing relative to the size of the labor force and this growth rate will accelerate to the end of the century. The percentage of Americans living past the age of 65 has multiplied 6½ times during our lifetime. Today, there are more than eight million Americans past 75 years of age (Long, 1972). One million have passed 85, and approximately 21 million are 65 or older.

Among the Blacks over 65, three-fifths live in the south and 5% live in central cities. Over 50 percent of all elderly Blacks live in poverty, but in rural areas the percentage of poverty is elevated to 66% as compared to 25 and 31 percents respectively of Whites over 65. The income of Whites over 65 is approximately twice as much as Blacks over 65. Evidence seems to indicate that health problems among Blacks are more intense than among Whites, but utilization of medical resources is less among elderly Blacks. The mortality rate for Blacks--between ages 45 and 64--is at least twice the mortality rate for Whites between 45 and 64. The inadequacy in housing can be documented by a Health, Education, and Welfare study of Blacks and Whites moving into public housing in a single year (National Caucus on Black Aged, 1973).

It is important for us to think now of the future aged in general and the Black aged in particular. We must now bring into sharper focus the possibilities for the year 2000; we must plan now for the 1980's and

we must have some long-range philosophical, projective ideas which will influence the whole of society to action.

In preparation for the year 2000, it would seem appropriate to try and identify the major issues surrounding the support of, planning for and conduct of research development and demonstration activities (i.e., social, educational, and political) that will improve the quality of life for the Black aged (Sheppard, 1976). Race as a single variable in explanation of casual factors impinging upon the elderly Black is probably less potent as some would think. Obviously, more investigative efforts testing multiple variables must be employed. Minority-group elderly live in multiple jeopardy because of the effects of both racism and ageism. Blacks, Chicanos, Puerto Ricans and Chinese are among the minorities whose old age is often marked by grim poverty. It is frequently said that we have very little useful data about the relevancy of race to aging. But we know the overall truth: to be old is bad enough; to be old and not White is even more terrible, (Butler, 1975).

America's one and one-half million elderly Blacks continue to face discrimination and most live in poverty. For them life has meant the slum, the public aid roll, the second-hand store and the empty table. They have lived through six decades of inadequate medical care have survived the ravages of discrimination, poor education, slum conditions, and unemployment. . . . Seven of ten elderly Black Americans have incomes below \$3,000 per year and half of them less than \$2,000 per year (U.S. Senate Committee on Aging., 1971).

Contrary to myths, over 95 percent of all older Americans live within the community and are not institutionalized. About one-fourth of the elderly live below poverty level, however, so the aged who make up 10 per-

cent of the population compose 20 percent of the poor of the nation.

Although low income is not always the culprit in disaster, often poor health follow, with critical effects on freedom, individuality, usefulness, and independence. Unfortunately, money frequently is one of the major determinants in the quality of life at any life stage. Perhaps its importance grows only more exaggerated during the last half of life. Other resources of life space are being depleted as well: relatives, friends, status, energy, opportunity, and self-image (Weg, 1973).

There are many agencies operative in an effort to support the plight of elderly Americans. However, the agency/organization that has been especially sensitive to the Nation's elderly Black population is the National Caucus on the Black Aged (hereafter NCBA). This organization is particularly concerned about dramatizing and reducing those significant gaps characteristic of services to, training for, and research about Black aged (including, of course, the very significant gaps occurring in housing, inasmuch as the vast majority of aged Blacks are residing within substandard housing).

Genuine Concerns Facing the Elderly

One of the first facts to be recognized, is that older persons do not constitute a homogeneous group in the population (Sheppard, 1974). They are a very diverse population. Their social, economic, cultural backgrounds and their mental and physical capabilities may differ more widely than those of the young and not-so-young. Some elderly are still fiercely independent and quick to sense patronizing or condescending attitudes which they resent. Some elderly possess a mental and physical vigor equal to that of persons 15 years younger in chronological age. Some still retain a young-and-eager curiosity about the world and the life around them. Although we cannot, therefore, entirely generalize about older persons, we can identify problems that become more prominent in the advanced years.

Among the problems that beset older persons in the United States that are documented by Older Americans Forums that were conducted in each state as well as the results of the White House Conferences on Aging are: income, health, transportation, local problems, community involvement, housing, taxes, recreation, protective services, pre-retirement planning, employment, and day care.

The needs for aged Black Americans are substantially the same as those of the elderly across the nation. Let's make sure of this---these are not needs or concerns we think they have, but concerns the aging really have because this has been documented. Although the concerns of the aging can be placed into broad areas, they remain personal and individual problems. Let's focus on a few of which are unique to senior Blacks.

Education. Educational gerontology is an outgrowth of adult education, and social gerontology means education for and about the elderly (Wasserman, 1976). In discussing the basic issues in educational gerontology today, we

are attempting to define ways wherein this discipline might assist in fulfilling needs of older persons and in improving the quality of life in our society for all people, young as well as old. Experts in aging (Birren & Woodfruff, 1973) have identified six major reasons for increased involvement of older persons in higher education programs. These reasons are: increase in life span, an increasing educational level among the aging population, the rapidity of social change, changes in career patterns, the expanding role of women, and changing attitudes toward education. E. P. Stanford further emphasizes the fact that education is important in later life when he argued that education can help elderly individuals to better cope with the difficulties of later life (Stanford, 1972). It has been demonstrated that people at any age retain the ability to learn in an efficient enough manner so that planned learning is a viable medium for individual change (Baltes and Labouvie, 1973; Jarvik and Cohen, 1973). It is upon this basis that the support for continuing education is built.

Continuing education may appear new in the context of contemporary American education. However, Homer, Socrates, and Jesus concentrated their teaching efforts on persons in the mature years of life. The many needs that were identified for infancy, childhood, youth, and young adulthood do not magically disappear later to be replaced by the 'problems of the aged.' There is a continuation for dignity and self-concept, intimacy and love, also involvement and growth as an intellect begins early in infancy and continues until the end of life.

Palmore and Jeffers (1971) and Chebotarev (1971) independently found that two out of four predictors for longevity were psychosocial in origin; maintenance of a role in the society and a positive view of life. Both of these are responsive to environmental manipulation. Continual education

and the renaissance of moral and social values could potential the realization of these predictors for a much larger number of older people who have little or no access to societal support: financial, emotional, and educational.

Stanley Moses estimated in 1973, that by the year 1975, more than 80 million adults would be counted in learning situations outside traditional educational programs. These individuals may never go to a college as such, but their learning needs are evidenced by wide ranging 'course' attendance. Nevertheless, they have been generally ignored in educational planning, and their interests are met as they 'come up' (Hesburg, Miller, & Wharton, 1973). The educational planner was also entreated by Londoner (1971) to understand the dynamism and the planning implications of the 'constriction', or latter, phase of life. He delineated several social roles, illustrated them, and demonstrated how instrumental forms of adult education, rather than expressive forms, better provide the competencies essential for survival.

Many educational institution today are heavily oriented toward vocational subjects. The secondary schools' traditional preparation programs are of concern to continuing education due primarily to the expectations they raise in the individual. Therefore, many graduates believe that the acquisition of skills in school will assure success in work life. Although education has intrinsic value to the individual, it may not be the key to advancement in all vocational fields (W. E. Upjohn Institute, 1972).

The vocational training gained in secondary school may not permanently equip the person to meet the employment responsibilities of a changing world. Therefore, many persons seem to lapse into a lengthy state of educational somnolence disturbed only when job changes displace or modify the

position of the individual.

Career education may be a partial solution to educational somnolence. The concept of career education is a life long process which involves a series of experiences, decisions and interactions through which one's self-understanding can be implemented, both avocationally and vocationally. The term also embraces and undergrids leisure or leisure education. This portion of the concept is important to some older persons who do not wish either part-time or full-time employment (Sheppard, 1976).

The concept of career education is an exciting one and should be adopted by those educators in continuing or 'lifespan' education (Sheppard, 1976). Webber (1971), in discussing new roles for older persons said:

. . . Starting centuries ago. . . we have evolved an elaborate and highly complex system of structures and functions that, in the end, have locked us into an inflexibility that is counterproductive for the young, the middleaged, and the old, for it places a premium upon career choice, linear education and training, and stable career patterns, leaving little or no room for novel combinations of occupations along the way or for changes in lines of career development until the working span comes to its end.

As people approach retirement there is great need for career educational activities designed to foster a positive attitude toward later life. The key element is preparation for retirement. Of course, the basic assumption is that with increased knowledge and more realistic expectation of retirement, a happier and healthier individual will result. After retirement, it is still appropriate to provide career educational experiences designed to continue positive attitudes toward aging. Older people seem to have an intense interest in the changes that they see in themselves and their cohort. Later life may be a time for turning inward, of concern for health, of consciously reduced life space; but it is also a time when knowledge may help one to understand the similarity of situations and the support that may

come from other's knowledge.

Education for all of life will neither be vocational, remedial, liberal arts, entertainment, or continuing. All of these diverse purposes may become a part of learning at different times--and ages--for different reasons. Even the tentative beginnings of life-span education or age-integrated classes in California, Florida, New York, and various cities across the country are proof that more is possible (AED Report, 1974). With the significant increase in the older population and the sharp drop in birth rate, many colleges and universities appear to be taking the first steps in recurrent education, though still frequently for expedience rather than inclination. Hopefully, what Peterson, Spinetta and Hickey (and others) suggest is true, that the acknowledgement of aging as part of living can be instrumental in reshaping the university. Surely it is past the time when the drive for inquiry and dialogue can be satisfied only by the mass media.

Employment. Gainful employment is a serious problem facing older people, and especially aged Blacks. Changing technology and labor-market demands may leave the older worker in a state of vocational obsolescence (Sheppard, 1976). Automation is a case in point. Many old workers are being automated out of their jobs. Today's expanding job opportunities are in specialities for which old persons are not trained. There is reluctance to retrain older workers for new jobs because of their limited work lives.

Minority groups, especially, suffer from work discrimination in old age as they have throughout life. Ageism combines with racism to victimize Blacks, Mexican-Americans, Chinese and other minority groups. For example, Black aged men participate in the labor force in the same proportions as

Whites but they earn less, do harder physical work and are in poorer health. (Remember that their life expectancy is 7½ years less than that of White males). Black elderly women are more apt to work than White women because of their greater need to support themselves. Like Black men, they earn less, usually in domestic and service work. Retirement by choice is less of an option because Blacks' retirement benefits are often meager, in line with previous low earnings (Bulter, 1975).

Shuman (1976), agrees with Bulter when he states:

"A need is seen for new systems to replace approaches such as Social Security and others---planned long in the past, already outmoded, and even less suitable for the changing society of the year 2000. Unfortunately, little is being done at present to devise new systems. Instead, the standard procedure is to add a little there, and a little here, rather than to develop a new and more suitable approach".

It must be noted that money can be one of the major pleasures resulting from work (Shanas, 1968). In fact, Frances Carp has cast doubt on the facile assumption that voluntary work per se enhances mental well-being (Carp, 1968). In our money-oriented society at least, paid work has a "powerful positive impact on happiness, self-esteem and relationships with other people." Freud wrote: ". . . work bind (s) the individual more closely to reality . . . (and) the human community". Freud, 1929).

Since work is an important element in the attainment and maintenance of human satisfaction, we can expect disorders to occur in the often blank retirement period, with its absence of structure, no work or social calendar and no definite place to go.

When the Italian physician, Bernardino Ramazzini, published his treatise on occupational disorders in 1700 (Ramazzini, 1940) he could not have anticipated that another class of disorders, non-occupational disorders, might be observed 250 years later.

Health. Hospitals and health care today, are focused primarily on mothers, infants, and young children. With a high proportion of today's needs. But the decline in the birthrate, which appears to be an increasing trend, indicates that there will be little justification to continue such heavy investment for this segment of the populace. Rather, with the projected increase in number and percentage of older persons, there is need to devise methods and facilities for health care for the aging. More creative and innovative programs for the elderly are an essential aspect of today's planning (Schuman, 1976).

Health problems become more frequent and acute with the passing years. The physical and mental processes deteriorate. Increases in expenditure for medical care and medicines become necessary at that time in life when income is likely to be most limited.

The factor of health is so closely allied to the other problem areas. When considering nutrition, social activities, and spiritual well-being, health must be recognized as variable. It has been shown that inadequate housing, over-crowded conditions and lack of privacy has been associated with the high proportion of disease, long-time illness, suicide, accident, mental illness, and other problems (Sheppard, 1976). But health problems most often seem to be tied to the economic factor. As one elderly person stated, "It is often a question of whether I buy medicine or whether I eat."

According to the White House Conference on Aging, the design of a national health service delivery system which provides for facilities, personnel, and payment for service, the unique characteristics of rural areas must be considered and special delivery systems developed. Transportation, outreach, and home-care services should be integral parts of all health services in rural areas. The use of mobile health units for multiphasic

screening should be greatly expanded.

Health and nutrition education programs should be greatly expanded. Public Health, Vocational Education, Extension Services, and other such community action programs have found that poor nutrition practices are a major health problem of the rural elderly (White House Conference on Aging, 1971).

The Center for the Study of Aging and Human Development at Duke University (Duke, 197-) has made a study of the patterns of aging. Researchers have found that the greatest problem of growing old, as perceived by the elderly, is dependency. This is not simple dependency, but the kind in which one loses control. Losing touch with reality and no longer being able to control one's own life become special problems in a society that places great value on independence. It is a concern not only in old age but throughout the whole life course. Adolescents worry a great deal about gaining independence. Adults, particularly when they are ill, give thought to its importance. Older people, as their health fails or as they become confused, become aware and those around them become aware---that dependency returns at the upper end of the cycle. It is at this time of life when a realistic view must acknowledge that problems in the long run can only increase.

Considerable fear among the elderly is focused on dementia, on the capacity to know what is real and what is not. Dementia often referred to as hardening of the arteries, involves the loss of cognitive capacity, the capacity to think and reason and respond appropriately to those around us. This is a common experience that increases with age. By the time people are in their 80's, 20 percent will be demented according to that definition. It is important to recognize, however, that this high

percentage comes relatively late; for people from 65 through the 70's, there is no more than 5% percent probability of suffering from this problem. Dementia is a frightening experience at any age. Though chances are relatively small that any particular individual will be affected by it, the outcome is devastating for those who are affected. It is the loss of the functions that we think of as distinctively human that underlies the great concern.

Old age must be returned to the life cycle; old people must be returned to the human race. Problems of aging such as dependency have their counterparts throughout life. They are the problems of human beings (Maddox, 1976).

Housing. Living arrangements frequently change as one grows older. Some older persons who have their own home face great difficulty maintaining it, for the home may be their only equity. Since housing consumes one-third of the budget of an elderly couple (Bureau of Labor Statistics), many necessary repairs, services, and taxes can no longer be maintained. Therefore, many are forced to give up their homes.

Many older people---especially those with no living relatives---must reside in boarding homes, third-rate hotels, trailer parks and single-room occupancy units.

Seven out of every ten older Americans live with a spouse or with their children or other relatives. The remainder live alone or with non-relatives. Because of a shorter life expectancy, most older men live with their spouses and perhaps other family members, while only one-third of older women do so.

Although the Black elderly often live under extremely impoverished conditions (more so than Whites) both in numbers and percent, White aged

exceeded the Blacks in being without housing altogether. One reason for this may reflect greater adherence to an 'extended family' concept among Blacks than Whites, the Black elderly being more often accepted as members of the household. Another reason may be purely economic. The elderly Black may be able to make a meager contribution to the family income through a small Social Security benefit or public assistance (U.S. Senate Special Committee on Aging, 1971).

Choice is desirable at every age; the elderly are no exception. Several alternatives can be offered, ranging from segregation in housing for the aged to mixed communities and from living alone to various types of group settings. Many planners favor integrated housing, seeing little value in providing homes or services where older people can neither interact with nor be seen by others. The planners contend that services for the elderly should not be designed in isolation, but should be offered within centers for the total population. A baby clinic, for example, and services for the elderly can exist comfortable together in the same environment. Persons in all age groups should have the potential to enjoy and benefit from one another.

The need for alternative housing is pointed out by M. Carter McFarland of the International Center for Social Gerontology.

"As every student of the needs of older people knows, their housing desires and requirements cover a broad spectrum. Yet in the early years of its involvement, the government had no apparatus for the little conceptual recognition of the real need to supply housing which satisfied the requirements of elderly persons who found themselves somewhere in the middle of the needs continuum---persons fully capable of independent, residential living if supported by some degree of care and service, yet far from needing or wanting the institutional care such as that provided by a nursing home or a hospital" (McFarland, 1976).

Donahue, (1976), in recent testimony before the Senate Special Committee on Aging, accurately referred to this lack as--

" a glaring gap in the continuum of housing that the United States should be making available to its older population." She went on to say: "It has been amply demonstrated that there is a need for specially designed housing with a variety of associated services for scores, if not hundreds of thousands, of older people who must now live under growing apprehension of having too soon to seek refuge in long-term medical facilities as they progress through the later years of their lives."

"These are the impaired but not ill, noninstitutionalized, often low-income older people who must struggle against raising odds to maintain themselves in the community. It is probable, too, that the type of housing with services of which I am speaking could accommodate a great many of the older people now living in nursing homes because no other living arrangement suited to their circumstances is available to them."

Last, but not least, there are the nursing homes. To us they represent one of the great "rip-offs" in America. Hundreds of thousands of our elderly sick and even healthy are being sentenced to slow starvation, unbelievable dehumanized conditions, brutality and death. Mary A. Mendelson's book entitled: Tender Loving Greed is a must reading. For example, Mrs. Mendelson discovered one man who had been discharged from a hospital as perfectly fit. But he was intercepted by the hospital social worker and shipped off to a home. Once there, he was immediately declared in need of maximum skilled nursing care - giving the maximum payments from the State. But instead of the 'tender loving care' promised by the home's advertising, he was starved, given no pocket money, and even forced to wash his own clothes.

Close to a million old people live in nursing homes or convalescent facilities provided by Medicare. A new growth industry, nursing homes provide more beds than hospitals. They are badly needed. But in many of the 'homes', the food and care are atrocious. Patients have even been confined

to their beds merely because bed care entitles the owners to \$2 or \$3 more a day. One resident, 74, recalls her year in a California nursing home with fear and bitterness: "It's pitiful, but people are just out for the money. That whole time I was among the living dead."

Yet, nursing home profits are fantastic. One survey said, they earned almost 40 percent profit on each patient, giving them as much as 76 percent annual return on their original nursing home investment.

Improving the Quality of Life for Aged Blacks

Based upon the analysis and discussion of the problems unique to elderly Blacks the following strategies and/or implications are recommended:

1. Similarly to NCBA, in terms of functions, but with a broader base and greater external permanency, an institute or center needs to be established to study and act on problems unique to the concerns of aged Blacks. (This center would not be employed in mapping out the problems now, but actively preparing for the needs of tomorrow). Such a center in a historically Black college/university would be an ideal focal point for work of this type. Its impact could be both local and national. Pertinent matters including health, education and housing could be effectly researched. For example, the center could use both old and young talents to experiment with projects in retraining and new careers. Workshops and seminars could be promoted to bring together people from relevant departments to discuss with labor and the elderly themselves the long term economic and social implications of services for the older worker.
2. Dissemination systems must be operationalized that will impart an accurate information flow to the aged in predominant Black communities. Aged Blacks, especially those in poverty pockets within both urban and rural areas have had to make it in spite of information parity.
3. Black advisory groups at the local level, should be established without the usual ambiguity of typical advisory committees or councils. Such a strategy could increase the involvement of aged Blacks in such programs as RSVP, Operation Greenthumb, and Foster Grandparents.
4. Mini-conferences should be held throughout the country and

possibly one national conference of educators, gerontologists, psychologist, manpower personnel, cooperative extension personnel, social security personnel, the elderly Blacks themselves, housing and other persons of similar positions to stimulate dialogue and discussion about the needs of aged Blacks and the ability of specific agencies to respond to those needs.

5. Black leaders (including educators, extension personnel, psychologists, socialologists, and others) need to be involved in the planning stage, and decision and policy making activities at all levels of implementation of programming for this nation's increasing no. of elderly Blacks, and be a part of the affirmative plan of action within the Administration on Aging.
6. The organization of special interest groups needs to be seriously considered by the National Council on Aging (NCOA). This is not to suggest that the National Caucus on Black Aged (NCBA) is ineffectual or has questionable influence on those who have the power to take positive initiative; but rather, there is a tremendous need for multiple advocacy idiosyncratic to the needs of the Black aged. This type of organizational structure within NCOA denoted exclusively to problems, issues, policies and research needs can do much to ensure that the needed machinery for Black and/or minority interests is provided. Further, this type of organizational structure should lend support not only to NCBA but the center concept previously discussed rather than to duplicate or proliferate.
7. It can be argued that research on aging, in general, and the Black aged, in particular has had low priority and that this has led to unfortunate circumstances especially for poor aging Americans. At a time when life expectancy is increasing, research is greatly needed (especially research done by Blacks) not only to answer questions on how to maintain health and income in the later years, but also how to develop attractive social roles for the elderly, an efficient and effective system of social services, and a system of transportation which can be used by persons of all ages.
8. Similarly to the Consultation of Older and Younger Adults (The Gray Panthers), in terms of functions, but composed of aged Blacks from all professions, the creation of an advocacy group to help generate new legislation and push present legislators to genuinely face the concerns of all the elderly, but particularly the concerns of Black Americans.
9. Research conducted by Black institutions and the development of a prototype home that is economical to construct

and maintain is greatly needed in order for many rural and urban aged Blacks to be able to live in a shelter that many Americans have taken for granted. This type of research could also address the social implications arising from housing patterns along with examining the effects of rural and urban underdevelopment as well as development.

Conclusion

As heretofore mentioned, being old in the United States places an individual in an especially vulnerable position; and when that individual is old, poor, and Black the situation gravely intensifies. Social, physical, and psychological adjustments must be made although it is undeniably easier to make such adjustments if an individual is financially comfortable (may be old) rather the poor. The style and pace of our society are geared to the needs and wants of the young; rarely do the needs of the aged person impinge on our consciousness. This must change!! We challenge each of you to seek to make the quality of life for aged Black Americans a rewarding reality rather than an uncontrollable nightmare.

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